

SOUTH CAROLINA  
DEPARTMENT OF HEALTH  
AND ENVIRONMENTAL CONTROL

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A public report providing statistics  
compiled from all abortions reported  
to DHEC

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2018



## **INTRODUCTION**

SC Code of Law 44-41-60 requires that all abortions performed in the state be reported to the South Carolina Department of Health and Environment Control (SC DHEC). This report contains the data reported to SC DHEC, Vital Statistics, for abortions performed in South Carolina in 2018 as required by SC Code of Law 44-41-460.

To comply with changes required by South Carolina statute, Vital Statistics adopted a new form on September 25, 2017. As a result, during 2017, two different forms were utilized for reporting data. The first form (Appendix A) was used from January 1, 2017, to September 24, 2017. The second form (Appendix B) became effective on September 25, 2017.

Table 1.  
 Abortions by Probable Postfertilization Age (Weeks)  
 By Year, South Carolina, 2017\* - 2018

Year	Total	6 or less weeks		7 - 13 weeks		14 - 19 weeks		20 - 23 weeks		24 or more weeks	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
2018	4,646	2,050	44.1	2,579	55.5	11	0.2	6	0.1	-	0
2017*	1,237	544	44.0	691	55.9	2	0.2	-	0	-	0

*\*Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.*

Table 2.  
 Ultrasound Used to Determine Probable Postfertilization Age  
 By Year, South Carolina, 2017\* - 2018

Year	Total	Yes		No		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2018	4,646	4,646	100.0	-	0	-	0
2017*	1,237	1,235	99.8	2	0.2	-	0

*\*Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.*

Table 3.  
Abortions by Method and Probable Postfertilization Age (Weeks)  
By Year, South Carolina, 2017\* - 2018

Year	Method of Abortion	Total	Weeks Gestation					
			Under 6	7 - 13	14 - 19	20 - 23	24 or more	Unknown
2018	Total	4,646	2,050	2,579	11	6	-	-
	Dilation and Curettage	566	57	509	-	-	-	-
	Manual Vacuum Aspiration	159	77	82	-	-	-	-
	Electrical Vacuum Aspiration	1,323	368	955	-	-	-	-
	Dilation and Evacuation	13	-	6	7	-	-	-
	Combined Induction Abortion and Dilation and Evacuation	1	-	-	1	-	-	-
	Medication Abortion	2,580	1,548	1,027	2	3	-	-
	Induction Abortion with Prostaglandins	4	-	-	1	3	-	-
	Induction Abortion with Intra-Amniotic Instillation	-	-	-	-	-	-	-
	Induction Abortion - other	-	-	-	-	-	-	-
	Hysterotomy / Hysterectomy	-	-	-	-	-	-	-
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-
2017*	Total	1,237	544	691	2	-	-	-
	Dilation and Curettage	128	22	106	-	-	-	-
	Manual Vacuum Aspiration	89	39	50	-	-	-	-
	Electrical Vacuum Aspiration	300	66	234	-	-	-	-
	Dilation and Evacuation	5	-	4	1	-	-	-
	Combined Induction Abortion and Dilation and Evacuation	-	-	-	-	-	-	-
	Medication Abortion	714	417	296	1	-	-	-
	Induction Abortion with Prostaglandins	1	-	1	-	-	-	-
	Induction Abortion with Intra-Amniotic Instillation	-	-	-	-	-	-	-
	Induction Abortion - other	-	-	-	-	-	-	-
	Hysterotomy / Hysterectomy	-	-	-	-	-	-	-
	Intact Dilation and Extraction (partial birth)	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-

\*Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 4.  
Intra-fetal Injection Used in an Attempt to Induce Fetal Demise  
By Year, South Carolina, 2017\* - 2018

Year	Total	Yes		No		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2018	4,646	5	0.1	4,641	99.9	-	0
2017*	1,237	-	0	1,237	100.0	-	0

\*Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 5.  
Abortions by Maternal Age  
South Carolina, 2017 - 2018

Age Group	2018		2017	
	Number	Percent	Number	Percent
Total	4,646	100.0	5,112	100.0
Under 15	14	0.3	10	0.2
15 - 16	49	1.1	57	1.1
17-19	400	8.6	431	8.4
20-24	1,360	29.3	1,500	29.3
25-29	1,343	28.9	1,506	29.5
30-34	814	17.5	885	17.3
35 & Over	666	14.3	722	14.1
Unknown	-	0	1	0.0

Table 6.  
Reason for the Abortion if Probable Postfertilization Age is 20 Weeks or More  
By Year, South Carolina, 2017\* - 2018

Year	Total	Medical Emergency		Fetal Anomaly		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2018	6	-	0	6	100.0	-	0
2017*	-	-	0	-	0	-	0

\*Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

Table 7.  
Method of Abortion Used that, in Reasonable Medical Judgement, Provided the Best Opportunity for the  
Unborn Child to Survive, If Probable Postfertilization Age is 20 Weeks or More  
By Year, South Carolina, 2017\* - 2018

Year	Total	Yes		No		Unknown	
		Number	Percent	Number	Percent	Number	Percent
2018	6	6	100.0	-	0	-	0
2017*	-	-	0	-	0	-	0

\*Includes abortions from September 25, 2017 to December 31, 2017 due to changes required by statute in the data collection form.

## Appendix A



# REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

1. FACILITY NAME (if not clinic or hospital, give address)		2. CITY, TOWN OR LOCATION OF PREGNANCY TERMINATION		3. COUNTY OF PREGNANCY TERMINATION	
4. AGE LAST BIRTHDAY		5. MARRIED? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. DATE OF PREGNANCY TERMINATION (Month, Day, Year)	
7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY, TOWN OR LOCATION		7d. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	7e. ZIP CODE
8. OF HISPANIC ORIGIN? <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina Specify: _____		9. RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		10. EDUCATION (Specify only highest grade completed) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree, (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree, (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree, (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate or professional degree (e.g., PhD, EdD)	
11. DATE LAST NORMAL MENSTRUATION BEGAN (Month, Day, Year)		14. PREVIOUS PREGNANCIES (Complete each section)			
		LIVE BIRTHS		OTHER TERMINATIONS	
12. DATE OF CONCEPTION (Month, Day, Year)		14a. Now Living Number _____ <input type="checkbox"/> None		14b. Now Dead Number _____ <input type="checkbox"/> None	14c. Spontaneous Number _____ <input type="checkbox"/> None
13. CLINICAL ESTIMATE OF GESTATION (Weeks)				14d. Induced (Do not include this termination) Number _____ <input type="checkbox"/> None	
15. TERMINATION PROCEDURES					
15a. PROCEDURE THAT TERMINATED PREGNANCY (Check only one)		TYPE OF TERMINATION PROCEDURES		15b. ADDITIONAL PROCEDURES USED FOR THIS TERMINATION, IF ANY (Check all that apply)	
1 <input type="checkbox"/> Suction Curettage				1 <input type="checkbox"/>	
2 <input type="checkbox"/> Sharp Curettage				2 <input type="checkbox"/>	
3 <input type="checkbox"/> Dilation and Evacuation (D & E)				3 <input type="checkbox"/>	
4 <input type="checkbox"/> Intra-Uterine Saline Instillation				4 <input type="checkbox"/>	
5 <input type="checkbox"/> Intra-Uterine Prostaglandin Instillation				5 <input type="checkbox"/>	
6 <input type="checkbox"/> Hysterotomy/Hysterectomy				6 <input type="checkbox"/>	
7 <input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) _____				7 <input type="checkbox"/>	
8 <input type="checkbox"/> Other (Specify) _____				8 <input type="checkbox"/>	
		None		0 <input type="checkbox"/>	
16-17. CONSENT REQUIREMENTS (Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended)					
16a. WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		16c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM: (check one) 1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Parent 3 <input type="checkbox"/> Legal Guardian 4 <input type="checkbox"/> None of the above			
16b. IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO: (check one) 1 <input type="checkbox"/> Medical Emergency 2 <input type="checkbox"/> Incest 3 <input type="checkbox"/> Not Capable/Mentally Incompetent 4 <input type="checkbox"/> None of the above		17b. IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW: (check one) 1 <input type="checkbox"/> Emancipated Minor 2 <input type="checkbox"/> Court Order 3 <input type="checkbox"/> Medical Emergency 4 <input type="checkbox"/> Incest 5 <input type="checkbox"/> None of the above			
17a. IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM: (check one) 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian 3 <input type="checkbox"/> Grandparent 4 <input type="checkbox"/> Person in Loco Parentis 5 <input type="checkbox"/> None of the above		17b. IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW: (check one) 1 <input type="checkbox"/> Emancipated Minor 2 <input type="checkbox"/> Court Order 3 <input type="checkbox"/> Medical Emergency 4 <input type="checkbox"/> Incest 5 <input type="checkbox"/> None of the above			
18. DATE REPORT COMPLETED (Month, Day, Year)		FOR STATE OFFICE USE ONLY 19. DATE REPORT RECEIVED			

ITEM 16 MUST →  
BE COMPLETED  
FOR EACH  
PATIENT,  
REGARDLESS OF  
AGE.

ITEM 17 MUST →  
BE COMPLETED  
FOR EACH  
PATIENT UNDER 17  
YEARS OF AGE.

## Appendix B



1. Patient's ID Number (Do Not Enter Patient's Name)		2. Age (Last Birthday)		3. Date of Pregnancy Termination (Month, Day, Year)	
4. Facility Name		5. City/Town or Location of Pregnancy Termination		6. County of Pregnancy Termination	
7. Residence - State or Foreign Country			8. Residence - County		
9. Of Hispanic Origin? <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican/Mexican American/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina Specify _____		10. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		11. Education (Specify the highest degree or level completed) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th -12th grade no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate or professional degree (e.g., PhD, MD)	
12. Patient Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Date Last Normal Menses Began (Month, Day, Year)			
14. Previous Pregnancies					
LIVE BIRTHS			OTHER TERMINATIONS		
14a. Now Living NUMBER _____ <input type="checkbox"/> NONE		14b. Now Dead NUMBER _____ <input type="checkbox"/> NONE		14c. Spontaneous NUMBER _____ <input type="checkbox"/> NONE	
				14d. Induced (DO NOT INCLUDE THIS TERMINATION) NUMBER _____ <input type="checkbox"/> NONE	
(Pursuant to Chapter 41, Title 44, of the Code of Laws of South Carolina, 1976, as amended)					
15. Was a Determination of Probable Postfertilization Age Made? <input type="checkbox"/> YES - Go to question 17 <input type="checkbox"/> NO - Go to question 16			18. If Probable Postfertilization Age is 20 or more weeks: a. Was the reason for the abortion? <input type="checkbox"/> Medical Emergency, go to Question 18b. <input type="checkbox"/> Fetal Anomaly, go to Question 18c. b. If Medical Emergency, provide the basis of the determination that the pregnant woman had a condition which so complicated her medical condition as to necessitate the abortion of her pregnancy to avert her death or to avert the serious risk of substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions: Specify: _____ Go to Question 18c. c. Was the method of abortion used one that, in reasonable medical judgment, provided the best opportunity for the unborn child to survive? <input type="checkbox"/> Yes. Go to question 20 <input type="checkbox"/> No. Go to question 19		
16. Enter the basis of the determination that a medical emergency existed: Specify: _____ Go to question 20			19. Provide the basis of the determination that termination of the pregnancy in that manner (best opportunity) would pose a greater risk either of the death of the pregnant woman or of the substantial and irreversible physical impairment of a major bodily function, not including psychological or emotional conditions, of the woman than would other available methods: Specify: _____		
17. Probable Postfertilization Age 17a. Enter weeks of Probable Postfertilization Age: _____ 17b. Was Ultrasound used to determine Probable Postfertilization Age? <input type="checkbox"/> YES <input type="checkbox"/> NO If less than 20 weeks Probable Postfertilization Age, go to question 20 If 20 weeks or MORE Probable Postfertilization Age, go to question 18					
20. TERMINATION PROCEDURES					
20a. PRIMARY PROCEDURE USED TO TERMINATE THE PREGNANCY (CHECK ONLY ONE)			20b. ADDITIONAL PROCEDURES USED IF ANY (CHECK ALL THAT APPLY)		
Check Only One Primary Procedure			Check all Additional Procedures Used		
<input type="checkbox"/> _____ Dilation and Curettage (D&C) _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Manual Vacuum Aspiration _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Electrical Vacuum Aspiration _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Dilation and Evacuation (D&E) _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Combined Induction Abortion and Dilation and Evacuation _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Medication Abortion (such as, but not limited to, mifepristone/misoprostol or methotrexate/misoprostol) _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Induction Abortion with Prostaglandins _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Induction Abortion with Intra-Amniotic Instillation (such as, but not limited to, saline or urea) _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Induction Abortion - Other _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Hysterotomy/Hysterectomy _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Intact Dilation and Extraction (partial birth) _____			<input type="checkbox"/> _____		
<input type="checkbox"/> _____ Other - Specify _____			<input type="checkbox"/> _____		
21. Was an intra-fetal injection used in an attempt to induce fetal demise (such as, but not limited to, intra-fetal potassium chloride or digoxin)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ITEM 22 MUST BE COMPLETED FOR EACH PATIENT, REGARDLESS OF AGE.		22a. WAS INFORMED WRITTEN CONSENT OBTAINED FROM THE PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		22c. IF PATIENT HAS BEEN COURT ADJUDGED MENTALLY INCOMPETENT, INFORMED WRITTEN CONSENT OBTAINED FROM: (check one)	
		22b. IF NO, INFORMED WRITTEN CONSENT WAS NOT OBTAINED DUE TO: (check one)		1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Parent	
		1 <input type="checkbox"/> Medical Emergency 2 <input type="checkbox"/> Incest		3 <input type="checkbox"/> Legal Guardian 4 <input type="checkbox"/> None of the above	
ITEM 23 MUST BE COMPLETED FOR EACH PATIENT, UNDER 17 YEARS OF AGE.		23a. IF PATIENT IS UNDER 17 YEARS OF AGE, ADDITIONAL INFORMED WRITTEN CONSENT OBTAINED FROM: (check one)		23b. IF PATIENT IS UNDER 17 YEARS OF AGE AND ADDITIONAL INFORMED WRITTEN CONSENT WAS NOT OBTAINED, CHECK REASON BELOW: (check one)	
		1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian 3 <input type="checkbox"/> Grandparent		1 <input type="checkbox"/> Emancipated Minor 2 <input type="checkbox"/> Court Order 3 <input type="checkbox"/> Medical Emergency	
		4 <input type="checkbox"/> Person in Loco Parentis 5 <input type="checkbox"/> None of the above		4 <input type="checkbox"/> Incest 5 <input type="checkbox"/> None of the above	
24. Date Report Completed					